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FINANCE DEPARTMENT

RESOLUTION

The 20th July, 2023

Subject - Guidelines for identification of genuine depositors for distribution of sale proceeds of the attached properties U/s. 9(7) of the OPID Act, 2011.

In order that the Competent Authority can make an application before the Designated Court for distribution among depositors of the money attached or realised out of sale proceeds of the attached properties U/s. 9(7) of OPID Act, 2011, the State Government have issued guidelines for identification of genuine depositors for distribution of sale proceeds of attached properties vide Finance Department Resolution No. 27608/F., dated the 16th October, 2015 followed by Corrigendum No. 28014/F., dated the 19th October, 2016 and Corrigendum No. 448/F., dated the 4th January, 2019.

Now, considering certain progressive changes brought over in the ground, more particularly, paradigmatic shift from offline to online mode for inviting and processing the claim applications, the Government have been pleased to supersede aforesaid Resolution and Corrigendum and have decided to prescribe the following general guidelines for preparation of the list of genuine depositors along with the amount they are eligible to receive out of attached money/sale proceeds U/s. 9(7) of the OPID Act, 2011.

1. Invitation of claim applications from the depositors:—

As soon as an ad-interim attachment order relating to a financial establishment is made absolute by the Designated Court, the Competent Authority concerned shall make public advertisement through newspapers/website etc. seeking applications from the depositors of the said financial establishment claiming refund of deposits made with that financial establishment. The applications may be

submitted to the Competent Authority through an appropriate online web-based system in the prescribed format as given in *Annexure - A*.

2. Sorting of online claim applications received from the depositors:—

The Competent Authority shall prepare a provisional list of the claimants by sorting out the online claim applications received from the depositors, District/ Block/ Tahasil/ G.P. wise in the format as prescribed in *Annexure – B* through web-based system.

3. Preliminary Verification of Claimant List:—

The Competent Authority shall send such provisional list of claimants to the EOW/Crime Branch/ Investigating Agency through web-based system for verification as to whether the name of the depositors match with the database of depositors, if any, available with them. The EOW/Crime Branch/ Investigating Agency will complete verification and return the same to the Competent Authority within 15 (fifteen) days.

4. Field Verification of Claimant details:—

On receipt of the verified applications from EOW/Crime Branch/ Investigating Agency, the Competent Authority shall send the lists to the respective Collector and District Magistrates through web-based system for conducting field verification by a Field Verification Team consisting of (i) Revenue Inspector of the area (ii) an Extension Officer of the Block responsible for the concerned G.P (iii) one officer not below the rank of Assistant Sub- Inspector of Police. The District Collector may, in consultation with the Superintendent of Police/Deputy Commissioner of Police, constitute as many such Field Verification Teams as required.

On receipt of the list of online claim applications from the Competent Authority, the Collector and District Magistrates shall forward the same to the respective Tahasildars through web-based system and make sure that such applications are immediately transmitted to the Revenue Inspector concerned by the Tahasildar for conducting necessary field verification.

The Revenue Inspector along with Field Verification Team members shall conduct the field verification at the G.P. level with prior intimation to the applicant. The applicant may / shall also be contacted over his/ her mobile number which is linked with his/ her application ID to appear before the Field Verification Team along with all necessary information/ documents in support of his/ her deposit. The Field Verification Team shall conduct the field verification by following the instructions

issued by the Government/ Competent Authority in this regard from time to time. The Field Verification Team shall verify and ascertain the following information from the depositors: —

- a. Name, address, telephone number of the depositor;
- b. Identification proof of the Depositor;
- c. Proof of Deposits made, money receipts or any other documentary evidence towards proof of deposit received from the financial establishment;
- d. Proof of refund, if any, received from the financial establishment;
- e. Whether deposits were made through cash or cheque;
- f. Whether deposits were made directly or through Agent;
- g. If through Agent, the name, address and telephone number of the Agent;
- h. Amount outstanding or due to be paid;
- i. Any other relevant details.

On completion of field verification, the Revenue Inspector shall incorporate the findings of the Field Verification Team, suggestions/ recommendations of the team and upload the relevant documents etc. through Mobile App. Thereafter, the Revenue Inspector shall return the verified claim applications through web-based system to the Tahasildar, who on his part, shall return the same to the Collector and District Magistrate in the same process.

5. Publication of Provisional Claimants List:—

Immediately on receipt of verified claim applications from the Tahasildar, the Collector and District Magistrate shall get it randomly checked by a team of officers consisting of a Gazetted Revenue Officer and Gazetted Police Officer (to be nominated by SP/DCP). After random check the Collector and District Magistrate shall publish the provisional list of applicants indicating his/ her details and amount suggested for refund to him/ her in the Gram Panchayat/ NAC/ Municipality / Tahasil / Collectorate Notice boards inviting objections/ suggestions/ request for modification from the general public/ depositors within 15 days from the date of such publication.

If no objection is received within the stipulation period, the list may deemed to be final and the Collector and District Magistrate shall send the verified final claimants list to the Competent Authority through the web-based system for initiating necessary action for refund of deposits.

In the event, objections/ suggestions/ request for modification are received from the general public/ depositors, the Collector and District Magistrate shall offer

the opportunity of being heard to the objector, take a final decision on the basis of cogent and convincing materials produced before him and transmit the final claimants list to the Competent Authority for initiating necessary action for refund of deposits.

6. Finalisation of Claimants List:—

On the basis of final claimants lists received from the Collector and District Magistrates, the Competent Authority shall draw a consolidated Final List of Claimants and the amount of money refundable to them in respect of a Financial Establishment and submit the same before the Designated Court for obtaining their approval for refund of deposits.

7. Mode of Payment of money to the Claimant:—

After due approval of the Designated Court for refund of deposit, the Competent Authority shall make payment to the depositors at his level through direct account transfer from the SB account of the Competent Authority in which the amount realised from the attached properties of the financial establishment has been deposited.

Prior to transfer of fund to the account of the depositor, the Competent Authority shall ensure fulfillment of following two formalities:

- a. The original money receipts or any other proof towards deposit are cancelled under the seal and signature of the Revenue Inspector.
- b. Indemnity Bond in plain paper is collected from the recipient/ depositor/ his successor in interest as prescribed in *Annexure – C*.

ORDER

Ordered that the Resolution be published in the Extraordinary issue of the *Odisha Gazette*.

By Order of the Governor
VISHAL KUMAR DEV
Principal Secretary to Government

ANNEXURE — 'A'**Application for Refund of Deposits invested in Financial Establishments U/s.
9(7) of OPID Act, 2011**

Financial Establishment

(Select the option from combo box)

Applicant's Detail :

Name of the Depositor

Son/Daughter/Wife of

Upload Photo
of Depositor

Is the Depositor alive?

☐

Yes

☐

No

Date of Birth

DD/MM/YYYY e.g.
05/03/2016Present age as on
31-12-2015 (in years)

e-Mail ID

Mobile Number

Present Address :

House No. and Street Name

Village / Ward

(Select the option from
combo box)

State

District

(Select the option from
combo box)

Block

Tehsil

(Select the option from
combo box)

Post Office

Police Station

(Select the option from
combo box)

Gram Panchayat

Pin Code

(Select the option from
combo box)**Permanent Address:**

House No. and Street Name

Village / Ward

(Select the option from
combo box)

State

District

(Select the option from
combo box)

Block

Tehsil

(Select the option from
combo box)

Post Office

Police Station

(Select the option from
combo box)

Gram Panchayat

Pin Code

(Select the option from
combo box)**Income Tax Information :**Whether the depositor is / was Income Tax
Assessee ?☐

Yes

☐

No

PAN No.
(if yes)**Identification Details of
Depositor :**

ID Type

(Aadhaar Card / Electoral Photo Identity Card
/ PAN Card)

Card / ID No.

Details of Deposit

Name of Group Company	Amount Deposited (Not the Promised or Assured Value)	Mode of Payment	Mode of Deposit	Amount received back against the deposit	Amount Outstanding	Attach Documents in support of deposits (Money receipts etc.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		Cheque/	Direct/			
		Cash	Agent			

In case of mode of deposit through Agent

Name of Agent	Agent's Father Name	Agent's Address
(1)	(2)	(3)

Attach documents towards of proof of deposit (Maximum 10 Nos.)

Bank Account Details :

(Bank Account details of the Claimant to which refund amount will be credited)

Account No.

IFSC Code

Bank Name

Account is linked with Aadhar ?

☐ Yes☐ No

Branch Address

Declaration :

I do hereby declare that the details furnished in this claim application are true to the best of my knowledge and belief. I do undertake that I shall be liable for legal or criminal prosecution, in case any information or claim furnished by me is found to be false.

Upload Signature of Claimant

**Application for Refund of Deposits invested in Financial Establishments U/s. 9(7)
of OPID Act, 2011
(in case Depositor is not alive)**

Financial Establishment (Select the option from combo box)

Applicant's Detail (in case of death of depositor):

Name of the Depositor

Upload
Photo of
Depositor

Upload
Death
Certificate
of Depositor

Name of Claimant

Son/Daughter/Wife of

Date of Birth

 DD/MM/YYYY
e.g. 05/03/2016

Upload
Photo of
Claimant

Upload
Legal heir
Certificate

Present age as on
31-12-2015 (in years)

e-Mail ID

Mobile Number

Present Address :

House No. and Street
Name

Village / Ward

(Select the option from combo box)

State

District

(Select the option from combo box)

Block

Tehsil

(Select the option from combo box)

Post Office

Police Station

(Select the option from combo box)

Gram Panchayat

Pin Code

(Select the option from combo box)

Permanent Address:

☐ Same as Present Address

House No. and Street
Name

Village / Ward

(Select the option from combo box)

State

District

(Select the option from combo box)

Block

Tehsil

(Select the option from combo box)

Post Office

Police Station

(Select the option from combo box)

Gram Panchayat

Pin Code

(Select the option from combo box)

Income Tax Information :

Whether the depositor is / was Income Tax Assessee ?

☐

Yes

☐

No

PAN No. (if yes)

Identification Details of Depositor :

ID Type

(Aadhaar Card/Electrolal Photo Identity Card/PAN Card)

Preferably Aadhaar, if not available then other

Card /ID No.

Details of Deposit :

Name of Group Company	Amount Deposited (Not the Promised or Assured Value)	Mode of Payment	Mode of Deposit	Amount received back against the deposit	Amount Outstanding	Attach Documents in support of deposits (Money receipts etc.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		Cheque/	Direct/			
		Cash	Agent			

In case of mode of deposit through Agent		
Name of Agent	Agent's Father Name	Agent's Address
(1)	(2)	(3)

Attach documents towards of proof of deposit (Maximum 10 Nos.)

Bank Account Details :

(Bank Account details of the Claimant to which refund amount will be credited)

Account No. IFSC Code Bank Name

Account is linked with Aadhar ?

☐

Yes

☐

No

Branch Address **Declaration :**

I do hereby declare that the details furnished in this claim application are true to the best of my knowledge and belief. I do undertake that I shall be liable for legal or criminal prosecution, in case any information or claim furnished by me is found to be false.

Upload Signature of Claimant

ACKNOWLEDGEMENT

Application for refund of deposit invested in Financial Establishment in M/s. has been successfully submitted by Smt./Shri Son/Daughter/Wife of of Vill.Ward P.O. P.S. Dist. having Ref. No. Dated

(Signature)

Provisional List of Depositors Claiming Refund of Deposits made with Financial Establishment under OPID Act, 2011

Name of the Group Company M/s Group of Companies

Name of the District Name of the Police Station Name of the Block/Tahasil.....

Sl. No.	Applicati on Number	Name of the depos itor	Name of the Claimant (if depositor is not alive) and mention below the names of other.	Son/ Daugh ter/ wife of	Date of Birth	Present Age as on 31.12. 2015	Mob./ Phone No.	Present address	Permane nt address	Nam e of the G.P.	Name of the village/ ward (as per present address) where field verification will be made	PAN Card No. (If incom e Tax asses se)	ID Details		Name of the Comp any under the group Comp any	Mode of Payment	
													ID Type (Aadhar / Electo ral Photo ID/ PAN)	ID No.		Cash / Cheq ue/ DD	If throug h agent menti on the name and addre ss of the agent
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Actual amount deposite d (not the promise d or assured value) in Rs.	Money Receipt No. & Date	Cheq ue/ DD No. and Date	Amount received back against the deposit (at Col. 19) in Rs.	Amou nt outsta nding (Col.1 9- Col.22) in Rs.	Bank Account details of the claimant			Remarks of the Investigati on agency (whether data match or does not match with their Data base)	Observa tion of the field verificati on team (Mention details of discrepa ncies noticed)	Clai ms sugg ested by the field verifi catio n team	Signature of the applicant	Signat ure of the witne ss (s)	Amount paid to the deposit or by the compet ent authorit y	Bal anc e am oun t to be pai d	Rema rks
					Bank Accou nt No. (Includ ing legal heirs if deposi tor is dead)	Bank and Branc h name	IFSC Code								
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

Signature of Field Verification Team

1

2

3

INDEMNITY BOND FOR REFUND OF CLAIM AMOUNT

THIS INDENTURE made on the _____ Day of _____, _____, by Shri/Smt. _____ son/ daughter/ wife of _____ resident of Village: _____ Post _____ Office: _____, Police Station: _____, District: _____, hereinafter called the "Principal Party";

Whereas, the said principal party had submitted an online claim application bearing ID No _____ before the ADM & Competent Authority claiming for refund of his/her deposit of Rs _____ made in the _____ (hereinafter called unauthorised financial establishment);

NOW THIS INDENTURE witnesseth that in consideration of the payment of an amount of Rs. _____ the receipt of which the said principal party hereby acknowledges and binds himself/ herself to pay the aforesaid amount full or a part thereof with interest, loss damages and costs of all kinds whatsoever to the ADM & Competent Authority _____ to the extent such claim is found to be not genuine or disputed or claimed by anybody else;

Further, in consideration of the aforesaid payment to the said principal party by the ADM & Competent Authority _____ the said principal party his/her heirs, executors and administrators shall hold the ADM & Competent Authority _____ harmless and indemnified in respect of all claims to the aforesaid money.

IN WITNESSES WHEREOF _____ the principal party and the witnesses named below have put their signatures on the date and year first above written.

Signature of Principal Party

Witnesses:-

1. Signature _____

Name: _____

Address: _____, _____, _____

2. Signature _____

Name: _____

Address: _____, _____, _____